

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

For Commission Use Only:
Case: 05-0849

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

ORIGINAL

Regarding a complaint by (Person making the complaint): EDWARD AND JOAN JAROS

Against (Utility name): COMED

As to (Reason for complaint) OVERCHARGED FOR SERVICE 12/28-1/30/02

in ORLAND PARK Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 14401 SOUTH WOLF RD, ORLAND PARK, IL

The service address that I am complaining about is 14401 SOUTH WOLF RD, ORLAND PARK, IL

My home telephone is [708] 349-9488

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 349-9488

(Full name of utility company) COMED (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

§3-I) Adm CODE PART 200

ILLINOIS
COMMERCE COMMISSION
2005 DEC 27 A 11:18
CHIEF CLERK'S OFFICE

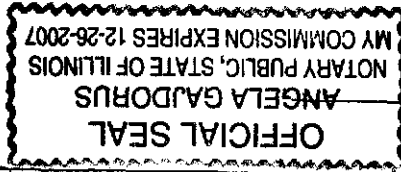
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.



Notary Public, Illinois

Subscribed and sworn/affirmed to before me on (month, day, year) December 22, 2005

(Signature) Edward J. Jaro

The contents of this petition are true to the best of my knowledge.

first being duly sworn, say that I have read the above petition and know what it says.

A notary public must witness the completion of this part of the form.

VERIFICATION

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

If an attorney will represent you, please give the attorney's name, address, and telephone number.

(Month, day, year)

Date: 12/22/05

Complainant's Signature

Edward J. Jaro

PLEASE CLEARLY STATE WHAT YOU WANT THE COMMISSION TO DO IN THIS CASE:
DISCOUNT THE BILL TO A FAIR AMOUNT.
REMOVE LATE FEES. COMED'S CUSTOMER SERVICE DEPT.
HAS BEEN NEGLECT IN HANDLING THIS COMPLAINT.

1. WE WERE OVERCHARGED FOR TIME PERIOD 12/28/01 - 1/30/02.
2. WE WERE OUT OF TOWN FOR TWO WEEKS OF THIS BILLING PERIOD. PHONED HOME AND THE WEATHER WAS VERY MILD.
3. BILLS FOR PREVIOUS AND NEXT MONTHS WERE LESS THAN THIS PERIOD. PHONED HOME USING ALL THE ELECTRICAL APPLIANCES.
4. TRIED TO RESOLVE THIS WITH SEVERAL CUSTOMER SERVICE REPRESENTATIVES AND HAVE HAD NO REPLY OR AN ANSWER TO THE EFFECT "THE BILL IS CORRECT PAY IT"
5. LATE CHARGES KEPT BEING ADDED TO STATEMENT FOR YEARS.

extra sheet of paper if needed.

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an